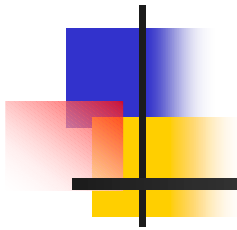


ASPIRE



Administrative
Simplification Print
Image Research Effort



- Transaction Gap Analysis and “Real Life” Transaction Demonstration Requested by The NUCC (National Uniform Claim Committee)
- The NUCC asked assistance from AFEHCT for this project



Concerns

- Issue: *“Does a HCFA 1500 paper claim form contain all the necessary and required data needed to create a HIPAA compliant, version 4010 837 Professional Claim?”*

Attempt to resolve this concern in a Demonstration Project between various Project Participants (Providers, Payers and Clearinghouses)

The HCFA 1500 Paper Form

The image shows a scan of the HCFA 1500 Health Insurance Claim Form. The form is titled "HEALTH INSURANCE CLAIM FORM" at the top center. It features a complex layout with various sections for data entry. At the top left, there are several horizontal bars and a small grid. The main body of the form is divided into several columns and rows, with some sections containing checkboxes and others containing lines for text entry. At the bottom, there is a large grid with multiple columns and rows, likely for listing medical services or procedures. The form is enclosed in a rectangular border with a double-line effect.

- Contains a subset of data that is present in the 837P transaction
- Contains some data that is NOT present in the 837P transaction
- It is a paper form that can be turned into an electronic print image

The UB92 (HCFA 1450) Paper Form

The image shows a thumbnail of the UB92 (HCFA 1450) Paper Form. It is a complex grid-based form used for medical billing. The top left corner features a large number '1'. The form is divided into several sections, including a header section for patient and provider information, a section for insurance details, and a large section for medical services. A label 'DUE FROM PATIENT' is visible in the lower middle section. The form is enclosed in a black border.

- Contains a subset of data that is present in the 837I transaction
- Contains some data that is NOT present in the 837I transaction

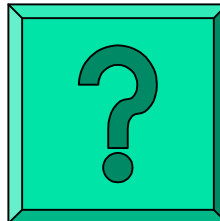
Can a HCFA 1500 or UB92 form translate successfully into an 837 transaction?

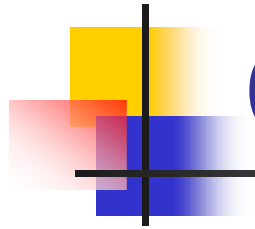
HEALTH INSURANCE CLAIM FORM

1

DUE FROM PATIENT

POS #	SEG ID	NAME	USAGE	REPEAT	LOOP REPEAT
		LOOPID-2000A Billing/Pay-To Provider Hierarchical Level			>1
001	HL	Billing/ Pay-To Provider Hierarchical Level	R	1	
003	PRV	Billing/ Pay-To Provider Specialty Information	S	1	
010	CUR	Currency	S	1	
		LOOPID-2010AA Billing Provider Name			1
015	NM1	Billing Provider Name	R	1	
020	N2	Additional Billing Provider Name Information	S	1	
025	N3	Billing Provider Address	R	1	
030	N4	Billing Provider City/State/ZIP Code	R	1	
035	REF	Billing Provider Secondary Identification	S	5	
035	REF	Credit/Debit Card Billing Information	S	10	
040	PER	Billing Provider Contact Information	S	1	





Gap Analysis – The issues

- Gaps between mandatory data content
- Data Specificity
- Ambiguity within data element crosswalks
- Non-standard use of the paper claim format



Gap Analysis – The solutions

- Solutions/Workarounds –
 - Precise implementation guides
 - Industry-wide accepted crosswalks
 - Trading Partner Agreements
 - Data enrichment



Examples of Gaps between Mandatory Data Elements

- Provider Taxonomy Code (either at 2000A or 2310A, PRV03) Required in the 837P. It is traditionally not carried on the HCFA 1500
- Payer Responsibility Sequence Code Required at Loop 2000B, SBR01. It is not explicitly stated on the HCFA 1500



Provider Taxonomy Code Gap

- The Billing/Pay-To Provider Specialty Information (aka, the Taxonomy Code) is required if the Rendering Provider is the same entity as the Billing Provider and/or the Pay-To Provider.
- Taxonomy Code = Provider Specialty Code
- Examples:

Family Practitioner = 203BF0100Y

Physician NOS = 203B00000N

Taxonomy Code List Maintained by HCFA and ASC X12N TG2 WG15

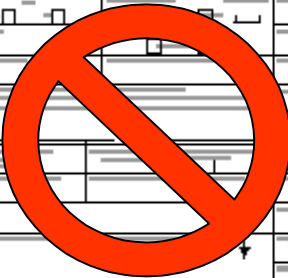


Payer Responsibility Sequence Gap

- The Payer Responsibility Sequence Code identifies the Insurance Carrier's level of responsibility for the payment of a claim
- "Primary", "Secondary", "Tertiary"



Data Element Gaps



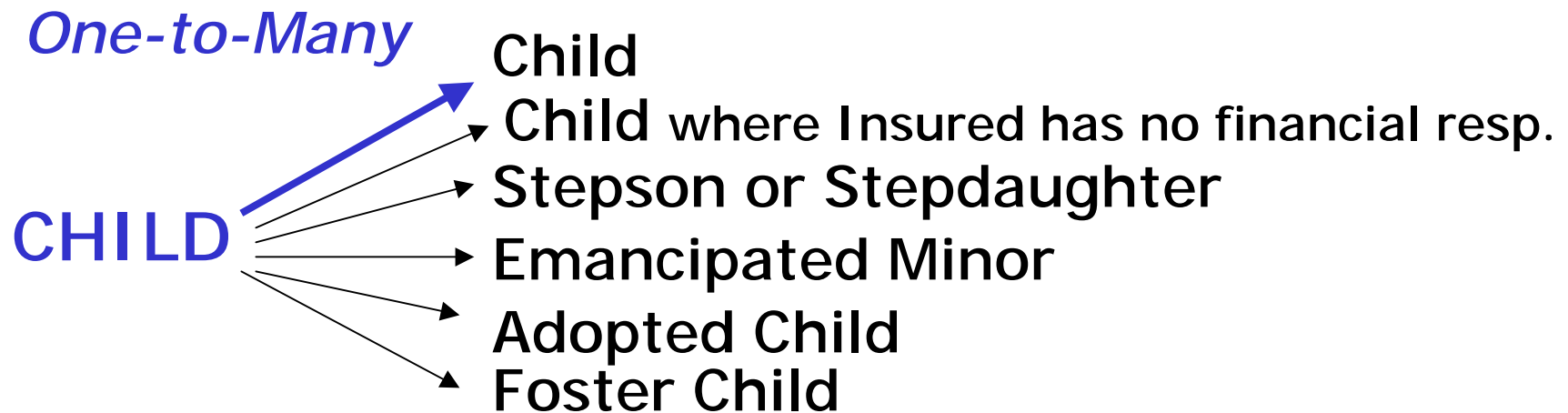
HEALTH INSURANCE CLAIM FORM

The image shows a standard HCFA 1500 Health Insurance Claim Form. The form is divided into several sections for patient information, insurance details, provider information, and a grid for procedure codes. A large red prohibition sign is overlaid on the center of the form, indicating that certain data elements are not to be included.

**Taxonomy Codes and
Payer Sequence
Indicator Codes
DO NOT reside on the
HCFA 1500**

Ambiguity within data content crosswalks

- Patient Relationship to Insured:
 - *HCFA 1500 provides a check box to indicate Self, Spouse, Child, or Other*
 - *837P lists 25 different Relationships to Insured*





Ambiguity within data content crosswalks

- Field 44 of the UB92 form allows for the use of HCPCS codes. When using revenue code 63x, providers can indicate HCPCS codes for drugs and biologicals in this field.
- HCPCS “J codes” for drugs are no longer supported per the 837 HIPAA Implementation Guide and instead “NDC” codes are required.



Data Specificity Gaps

- 837P makes clear distinctions between Bill-To, Pay-To and Rendering Providers, the HCFA 1500 does not
- NM1 Segments require the distinction between “individual” and “organization” data types. For example, a Billing Provider may be “John Smith, MD” or “Best Billing Service, Inc.”



Non-standard use of the paper claim format

- HCFA 1500 and the UB92 paper claim format contain fields which can be used for a variety of purposes
 - HCFA 1500, box 19 - "Reserved for Local Use"
 - UB92, field 2 – this untitled field is assigned for use by each individual state
 - A variety of data (CLIA Numbers, Mammography numbers, procedure descriptors, etc.) can reside in these fields.
 - State and Payor driven



Solutions/Workarounds – Precise Implementation Guides

- Utah Health Information Network (UHIN) will assist their trading partners with issues surrounding missing data and data ambiguity by providing instructions on how to complete the HCFA 1500. Example: "Box 25 of the HCFA 1500 may only contain the Pay-To Provider Tax Id"
- *Possible development of a HCFA 1500 Implementation Guide*



Solutions/Workarounds – Industry wide accepted crosswalks

- The publication of the Final HIPAA Transaction Implementation Guides has initiated the development of gap analyses and transaction crosswalks throughout the industry
 - *An opportunity to share these crosswalks industry-wide or provide best practices to aid in their development exists*
 - *WEDI SNIP Translations and Business Issues Workgroups*



Solutions/Workarounds – Trading Partner Agreements

- Detailed Trading Partner Agreement between the Provider and the Clearinghouse can alleviate some of the data content gaps
 - *Example, Taxonomy Code cross reference list could exist for each provider submitting to that clearinghouse*
 - *Provider will define for clearinghouse what data will be resident in “local use” fields*



Solutions/Workarounds – Data Enrichment

- Practice Management Vendors assist Providers by augmenting the data present on the paper claim form
 - *Instead of just placing an "X" in Box 1 of the HCFA form to indicate the claim type, place a "1", "2" or "3" in the box to indicate both claim type AND payor sequence*



ASPIRE Project – Completed Steps

1. Formation of the ASPIRE Workgroup – **completed April '00**
2. Smaller task group organized to analyze the HCFA 1500 transaction and document gaps – **completed July/August '00**
3. HCFA 1500 Analysis reviewed by the entire ASPIRE Workgroup – **completed August '00**
4. Development of the Demonstration Project “Kit” to aid in the Documentation of Issues, Solutions and Workarounds by Project Participants – **completed and posted at www.afehct.org September '00**
5. HCFA 1500 Demonstration Project Participants appointed and work begins on this phase of the project – **October '00**
6. UB92 analysis begins – **October '00**



Demonstration Project Participants

- GatewayEDI
- Per-Se Technologies
- California Dept of Health Services
- WNY Medicare Part B
- EDS
- Idaho Medicaid
- NUBC
- Xactimed
- HCFA (Medicaid)
- NY Dept. of Health
- McKessonHBOC
- WebMD
- Pennsylvania Dept of Public Welfare



ASPIRE Project – Next Steps

1. Gathering, Analysis and Publication of HCFA 1500 and UB92 Results
2. Determination of Best Practices?



Contacts

ASPIRE Co-chairs:

Catherine Schulten, PaperFree, a NEON
Company

&

Larry Watkins, Per-Se Technologies, Inc.

&

Tim Fogerty, GatewayEDI

www.afehct.org